

APPLICATION FOR FELLOWSHIP PROGRAM

TAX LAW SECTION OF THE FLORIDA BAR

Name:			
Firm Name:		Position:	
Street Address:			
	City:	State:	Zip Code:
Telephone Number:		Email Address:	
Law School and Date of Graduation:			LLM: Yes <input type="checkbox"/> No <input type="checkbox"/>
Year admitted to the Florida Bar:			Years of Practice:
Board Certified: Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what in what area?			
Other State Bar Admissions:			

Race or Ethnic Heritage or Disability¹: _____

Please describe the area(s) of the law in which you focus your practice: _____

Please list your employment history for the past 5 years: _____

How long have you been a member of the Tax Section of the Florida Bar? _____

Do you have any prior experience with any Tax Section Committee? If so, please list: _____

Have you ever been the subject of any disciplinary action by any Bar association? If yes, please describe in detail the nature of the disciplinary action and the outcome. Attach additional sheets if necessary. _____

Please state why you are interested in being chosen as a Fellow for the Tax Section. (Attached additional sheets if necessary)

Have you previously applied for this fellowship, if so when? _____

Please describe your involvement in any local, state, voluntary and national level bar association, including any leadership positions you currently hold or have held in the past. Attach additional sheets if necessary. _____

Please describe any funding or support (including allowing time to fulfill your obligations as described in the Fellowship Information Sheet) that you may receive from your firm or employer, or other organization(s) that would support your activities as a Fellow. Attach additional sheets if necessary. _____

Please identify at least two substantive committees that you would be interested in joining as a Fellow: _____

Please attach a writing sample to this application.

PLEASE NOTE: Fellows are required to attend a minimum of 3 Tax executive council meetings during the Fellowship year. Please list the name, email address and phone number for two members of the Florida Bar (other than members of your own firm) who can provide information regarding your professional qualifications and experience:

Name	Email	Phone
Name	Email	Phone

¹ Information requested is optional